

05-27-05

IFW

Please type a plus sign (+) inside this box



PTO/SB/21 (08-03)

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>	<b>Application Number</b>	10/750,312	
	<b>Filing Date</b>	December 30, 2003	
	<b>First Named Inventor</b>	Jessica R. DesNoyer	
	<b>Group Art Unit</b>	1734	
	<b>Examiner Name</b>	Brenda A. Lamb	
<b>Total Number of Pages in This Submission</b>	5	<b>Attorney Docket Number</b>	50623.313

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Deposit Account 07-1850 Authorization	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Postage Paid Return Postcard	<input type="checkbox"/> Drawing(s) In/Formal ___ Sheets with Submission of Drawings Transmittal	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Response to Restriction Requirement (2 pages) (in duplicate)	<input type="checkbox"/> Issue Fee Transmittal with PTO-85b (in duplicate)	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> Amendment Transmittal Letter (in duplicate)	<input type="checkbox"/> Request for Continued Examination Transmittal (RCE)	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Fee Transmittal Form (in duplicate)	<input type="checkbox"/> Request for Status of Application
<input type="checkbox"/> Petition for Extension of Time (___ month) (in duplicate)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Information Disclosure Statement (in duplicate) with Form PTO-1449 and ___ References	<input type="checkbox"/> Terminal Disclaimer	
<input checked="" type="checkbox"/> Express Mail Label No. EV 337 971 585 US	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) ___	
<input type="checkbox"/> Response to Missing Parts/Incomplete Application	<div>Remarks</div> <div>TRADEMA</div>	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Squire, Sanders & Dempsey L.L.P. Cameron Kerrigan, Reg. No. 44,826
Signature	
Date	May 25, 2005

CERTIFICATE OF MAILING			
I hereby certify that this correspondence is being deposited with the United States Postal Service as Express Mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this date: May 25, 2005			
Typed or printed name	Patricia Gamble		
Signature		Date	May 25, 2005

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

Jessica R. DesNoye

Examiner: Brenda A. Lamb

Serial No.: 10/750,312

Art Unit: 1734

Filed: December 30, 2003

Title: Stent Mandrel Fixture And Method For Coating Stents



Commissioner for Patents  
USPTO  
PO Box 1450  
Alexandria, VA 22313-1450

**RESPONSE TO RESTRICTION REQUIREMENT**

Dear Examiner Lamb:

In response to the Restriction Requirement mailed on May 17, 2005, Applicants elect Group I, and species of Figures 5A, 5B and 5C. However, Applicants do wish reconsideration of species 7A, 7B and 7C. A search for the species of Figure 7 series should not unduly burden the Examiner if the Figure 5 series is under consideration.

Figure 7 series illustrates a body including a 3-point star versus Figure 5 series including a 4-point star. Applicants respectfully request reconsideration of this issue.

Claims 1, 4, 5, 6, 7, 8, 9, 11, 13, 14, 16, 17, 18, 19, 20, 21, 22, 23, 24 and 25 are readable thereon.

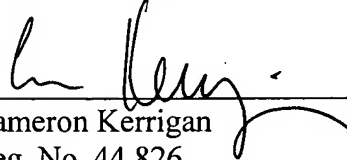
The undersigned authorizes any fees that may be required, or credit of any overpayment to be made to Deposit Account No. 07-1850.

Should the Examiner have any questions regarding this communication, the Examiner is invited to contact the undersigned at the telephone number shown below.

Date: May 25, 2005

Squire, Sanders & Dempsey LLP  
One Maritime Plaza, Suite 300  
San Francisco, CA 94111-3492  
Telephone: 415.954.0349

Respectfully submitted,

  
Cameron Kerrigan  
Reg. No. 44,826  
Attorney for Applicant